

Applicant:
Application No.: $09 / 889,25$
Filed:
November 1, 2001
Art Unit: 1614
Examiner: To Be Assigned
METHODS OF TREATMENT OF MITOCHONDRIAL DISORDERS

Box NON-FEE AMENDMENT
Commissioner for Patents
Washington, DC 20231

## TRANSMITTAL SHEET

Sir:

Transmitted herewith for the above-identified application please find:

1. Preliminary Amendment (6 pages w/ Exhibit A);
2. Change of Attomey Address (1 page); and
3. Return Receipt Postcard.

## CERTIFICATION UNDER 37 CFR $\$ 1.8$

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, April 18, 2002, in an envelope addressed to: Box NON-
FEE AMENDMENT, Commissioner for Patents, Washington, D.C. 20231.

Aldon Giffis
(Name of Person Mailing Paper)
Gray CarylGT76290000.1
101668-17

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The Fee for this Response is calculated as follows:

| For | Claims Remaining <br> After Amendment | Highest Number <br> Previously Paid For | Extra <br> Claims | Small Entity <br> Rate | Large Entity Rate | Calculations |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Total Claims | 27 | 27 | 0 | $\times \$ 09$ | $\times \$ 18$ | $\$ .00$ |
| Independent <br> Claims | 4 | 4 | 0 | $\times \$ 42$ | $\times \$ 84$ | $\$ .00$ |
| Multiple Claims |  |  |  | $\$ 140$ | $\$ 280$ | $\$ .00$ |
| Basic Filing Fee |  |  |  | $\$ 370$ | $\$ 740$ | $\$ .00$ |
|  |  |  |  | TOTAL FEE | $\$ .00$ |  |

No fee is deemed necessary in connection with the filing of this paper. However, if a fee is required, the Commissioner is hereby authorized to charge any other fees associated with the filing submitted herewith, or credit any overpayment to Deposit Account No. 50-1355. A duplicate copy of this sheet is enclosed.

Date: April 18, 2002
Respectfully submitted,


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